

PN 000086226

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000281735 3)))



H170002817353ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MUNCHY'S PIZZA CRYSTAL WINGS CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
17 OCT 25 PM 4:53
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 OCT 25 AM 9:16

H17000281735

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MUNCHY'S PIZZA CRYSTAL WINGS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1860 N NOB HILL RD

PLANTATION, FLA. 33322

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CRYSTAL M SEFTCHICK (P)

Address: 2600 W 10 AVE
HIALEAH, FLA. 33010

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

17 02 25 AM 9:16

H17000281735

H 170 0028 1735

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CRYSTAL M SEFTCHICK

Address: 2600 W 10 AVE

HIALEAH, FLA. 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CRYSTAL M SEFTCHICK

Address: 2600 W 10 AVE

HIALEAH, FLA. 33010

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

C. Seftchick 10/20/2017

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

C. Seftchick 10/20/2017

Required Signature/Incorporator Date

H 170 0028 1735